

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE					
							101 590634							
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT			AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1						51					51			
2						52					52			
3						53					53			
4						54					54			
5						55					55			
6						56					56			
7						57					57			
8						58					58			
9						59					59			
10						60					60			
11						61					61			
12						62					62			
13						63					63			
14						64					64			
15						65					65			
16						66					66			
17						67					67			
18						68					68			
19						69					69			
20						70					70			
21						71					71			
22						72					72			
23						73					73			
24						74					74			
25						75					75			
26						76	/				76			
27						77	/				77			
28						78	/				78			
29						79	/				79			
30						80	/				80			
31						81	/				81			
32						82	/				82			
33						83	/				83			
34						84	/				84			
35						85	/				85			
36						86	/				86			
37						87	/				87			
38						88	/				88			
39						89	/				89			
40						90	/				90			
41						91	/				91			
42						92	/				92			
43						93					93			
44						94					94			
45						95					95			
46						96					96			
47						97					97			
48						98					98			
49						99					99			
50						100					100			
TOTAL IND.			↓				TOTAL IND.			↓		TOTAL IND.		
TOTAL DEP.			←				TOTAL DEP.			←		TOTAL DEP.		
TOTAL CLAIMS			↓				TOTAL CLAIMS			↓		TOTAL CLAIMS		